



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CHILD AND FAMILY SERVICES

Children's Licensing and Investigation Services
Children's Residential Application

SECTION 1: Facility Information			
Facility/Agency Name:			
Physical Address:			
City:	State:	Zip:	County:
Mailing Address:			
City:	State:	Zip:	County:
Telephone No. ()		Fax No.()	
Email Address:		Social Security No or State Tax ID:	

SECTION 2: Application Type	
APPLICATION FOR CHILDREN'S RESIDENTIAL FACILITY PROGRAM	
License Type (Select all that apply):	
License # _____ <input type="checkbox"/> New License <input type="checkbox"/> Renewal License <input type="checkbox"/> Current License (change or update)	
<input type="checkbox"/> Add a new site <input type="checkbox"/> Change in capacity <input type="checkbox"/> Change in age range <input type="checkbox"/> Change in name <input type="checkbox"/> Other _____	
<input type="checkbox"/> Services currently being provided:	
<input type="checkbox"/> Trauma Based Services	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Crisis Services	<input type="checkbox"/> Pregnant and Parenting Services
<input type="checkbox"/> Substance Use Disorder Treatment	<input type="checkbox"/> Problematic Sexualized Behavior Services
<input type="checkbox"/> Transitional Living Services	<input type="checkbox"/> Developmental Disability Services
<input type="checkbox"/> Secure Capacity 1	<input type="checkbox"/> Secure Capacity 2
<input type="checkbox"/> Other (Please describe): _____	

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Office of Child and Family Services
Children's Licensing and Investigation Services
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011

Tel: (207) 287-5020

Fax: (207) 287-9304

TTY users call Maine relay 711

Email: info.dhhs@maine.gov

SECTION 3: Facility Contact Information

Name and Title of Primary Contact Person:

Telephone No.: ()

Email Address:

Name and Title of Second Applicant (if applicable):

Telephone No.: ()

Email Address:

Name and Title of Board Chair:

Telephone No.: ()

Email Address:

Corporation Name (if applicable):

Mailing Address:

City:

State:

Zip:

County:

Telephone No.: ()

Fax No.: ()

SECTION 4: Facility Information**Current Licenses / Certificates.** List any licenses currently held:

Type

Terms

Expiration Date

Source of Water Supply:☐ Municipal☐ Well☐ Other: _____**Services:**

Number of Children to be served: _____ Age Range From _____ to _____

Capacity of facility: _____ Gender: Male _____ Female _____ Co-Ed _____

Residential License: (Check each component to be reviewed)

☐ Trauma Based Services☐ Mental Health Services☐ Crisis Services☐ Pregnant and Parenting Services☐ Substance Use Disorder Treatment☐ Problematic Sexualized Behavior Services☐ Transitional Living Services☐ Developmental Disability Services☐ Secure Capacity 1☐ Secure Capacity 2☐ Other _____**Waiver Request:** If you are requesting a new waiver/exception or an extension, please describe your request:

SECTION 5: Staff Roster

Complete the following information. Use additional paper if necessary.

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

Full Name:	Title:	Date of Hire:
Education/Degree:	License/Certification:	
Supervisor:	Supervisor's Title:	

SECTION 6: Submission

Please submit the following documents with your completed application:

- Staff roster with Hire Dates
- Water test, as applicable
- Updated and new policies
- An updated budget and financial report which demonstrates the facility's financial capability to carry out its program for the licensing period
- Any documentary information which has changed since the time of its previous application including, but not limited to, a change in policies, a change in the organizational chart, or a change in programming

In addition, first time applicants must also submit:

- Fire inspection form
- Articles of incorporation
- Certificate of occupancy
- Lead test results (if applicable)
- Complete policy manual
- Sample staff file
- Water tests
- Floor plan
- Sample child record

SECTION 7: Declaration

I/We have reviewed and read the Children's Residential Care Facilities Licensing Rule, 10-144, Chapter 36. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshal's Office to make such visits and inspections as may be necessary to ensure that the facility is in compliance with the laws and rules pertaining to operation.

I/We further certify that all information contained in this application is complete and accurate.

_____ Print name of Applicant/Operator/Administrator	_____ Signature of Applicant/Operator/Administrator	_____ Date
_____ Print name of 2 nd Applicant (If Applicable)	_____ Signature of 2 nd Applicant (If Applicable)	_____ Date
_____ Print name of Board President (If Applicable)	_____ Signature of Board President (If Applicable)	_____ Date